

2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/15/2004-90002022-\$150.00-\$150.00

1072

DOCUMENT # P03000129711

1. Entity Name
HOWARD GLOVER LANDSCAPING, INC.



04 OCT -1 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
603 VERN DRIVE
ORLANDO, FL 32805 US

Mailing Address
603 VERN DRIVE
ORLANDO, FL 32805 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09132004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0384190

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWARD, GLOVER L
603 VERN DRIVE
ORLANDO, FL 32805

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME GLOVER, HOWARD L
STREET ADDRESS 603 VERN DRIVE
CITY-ST-ZIP ORLANDO, FL 32805

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME GLOVER, VALERIE D
STREET ADDRESS 603 VERN DRIVE
CITY-ST-ZIP ORLANDO, FL 32805

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Howard L. Glover

09-13-04 407-423-1227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HOWARD GLOVER LANDSCAPING, INC.
603 VERN DRIVE
ORLANDO, FL 32805

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT I DID NOT RECEIVE THE FIRST
NOTICE REGARDING MY CORPORATION ANNUAL REPORT, THEREFORE
I REQUEST THAT YOU WAIVE THE \$400.00 LATE FEE.

SINCERELY,

Howard L. Glover

PRESIDENT